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Attorneys for Defendant/Counter-Plaintiff,  
KEATING DENTAL ARTS, INC.

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA  
SOUTHERN DIVISION

**JAMES R. GLIDEWELL DENTAL  
CERAMICS, INC. dba GLIDEWELL  
LABORATORIES,**

Plaintiff,

V.

KEATING DENTAL ARTS, INC.

Defendant.

## AND RELATED COUNTERCLAIMS.

Civil Action No.  
SACV11-01309-DOC(AN<sub>x</sub>)

**DECLARATION OF DR.  
JONATHAN CAMPBELL IN  
SUPPORT OF KEATING  
DENTAL ARTS, INC.'S  
MOTIONS FOR SUMMARY  
JUDGMENT**

Honorable David O. Carter

1 I, Dr. Jonathan Campbell, hereby declare as follows:

2 I am a practicing dentist who has purchased dental restorations from  
3 Keating Dental Arts, Inc. ("Keating"). My dental office is located at 1345 E.  
4 3900 South, Suite 116, Salt Lake City, Utah 84124. I have personal knowledge  
5 of the matters set forth herein. If called upon to testify, I could and would  
6 testify as follows:

7 1. I am licensed to practice dentistry in the state of Utah. I received a  
8 Doctor of Dental Surgery degree from Creighton University in 1999. I have  
9 been practicing as a licensed dentist for over 13 years. During that time, it has  
10 been a regular part of my practice to treat patients in need of dental restorations.

11 2. To address my patients in need of dental restorations, it has been  
12 my practice to purchase crowns and bridges from dental laboratories that  
13 manufacture the restorations in response to my specifications. In this regard, I  
14 provide the dental laboratories with a prescription form that identifies the  
15 patient, the tooth (or teeth), and the specific dental restoration product that I  
16 would like manufactured for the patient. I then send the prescription form along  
17 with an impression of the relevant part of the patient's mouth so that the  
18 restoration can be custom made for the particular patient.

19 3. Since my dental practice began in 1999, I have ordered dental  
20 restorations from a number of different dental laboratories. I have been ordering  
21 dental restorations from Keating since around 2005. I am aware of Glidewell  
22 Laboratories and have ordered from them in the past as well.

23 4. I have ordered many different types of dental restorations from  
24 Keating, including porcelain-fused-to-metal crowns, gold crowns, and crowns  
25 containing zirconia.

26 5. The first time I ordered a crown containing zirconia from Keating  
27 was in May 2009 when I ordered a "KDZ" crown. In 2009, Keating's "KDZ"  
28 crown had a zirconia substructure with a porcelain overlay.

1           6.     In 2009 when I ordered Keating's KDZ crown I understood the  
2 term "KDZ" to refer to "Keating Dental Zirconia."

3           7.     The first time I ordered a full contour zirconia crown from Keating  
4 was in August 2011 when I ordered what Keating calls a KDZ Bruxer crown. I  
5 ordered Keating's KDZ Bruxer crown for one of my patients with bruxism  
6 because I wanted a monolithic zirconia crown that would be stronger than a  
7 crown having a porcelain overlay.

8           8.     I learned of Keating's KDZ Bruxer product when I called Keating  
9 and asked whether they offered a full contour zirconia crown. A Keating  
10 customer service representative informed me of their KDZ Bruxer product. I  
11 readily recognized that "Bruxer" in the name identified that it was a crown that  
12 could be used for bruxers, or patients with bruxism.

13          9.     More recently, in October 2011, I ordered a KDZ Bruxer crown  
14 from Keating for tooth #31 for one of my patients. Attached as **Exhibit A** is a  
15 true and correct copy of the Keating Dental Arts prescription form that I  
16 submitted to Keating for this order.

17          10.    In the order form attached as Exhibit A, I specified the product that  
18 I was ordering by writing "Please fabricate Bruxzir crown #31" in the  
19 "Instructions" section of the form. I wrote "Bruxzir" on the prescription form  
20 because to me that term meant a full contour zirconia crown for bruxers. I knew  
21 I was ordering the crown from Keating and I wanted to receive a crown made by  
22 Keating.

23          11.    When I wrote "Bruxzir" on the prescription form, I did not intend  
24 to order a crown made by Glidewell Laboratories. Nor did I intend to order a  
25 crown made from material provided by Glidewell Laboratories. When ordering  
26 the KDZ Bruxer crown, I did not think there was any affiliation between  
27 Keating and Glidewell Laboratories.

28          12.    I recognize the "Brux" in "Bruxzir" to be a reference to bruxism, or

1 bruxers, and I recognize the “zir” to be a reference to zirconia, the material from  
2 which the crown in made. I use the term “bruxzir” to specify the type of crown  
3 I want for a patient and to distinguish from other types of crowns such as PFMs  
4 and full cast gold crowns.

5 13. Soon after sending the prescription form attached as Exhibit A to  
6 Keating, I was contacted by a Keating employee to clarify my order.  
7 Specifically, the Keating employee explained that the term “BruxZir” is a brand  
8 name of another dental laboratory and asked me to confirm that I wanted to  
9 order Keating’s KDZ Bruxer product. I confirmed that I wanted to order  
10 Keating’s full contour zirconia crown.

11 I declare under penalty of perjury under the laws of the United States of  
12 America that the foregoing is true and correct.

13 Executed November 15, 2012, in Salt Lake City, Utah.

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17 Dr. Jonathan Campbell  
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# EXHIBIT A

CONFIDENTIAL ATTORNEY'S EYES ONLY



Phone: (949) 955-2100 Fax: (949) 955-2199  
 16881 Hale Avenue, Irvine, CA 92606  
 E-mail: shade@keatingdentalarts.com  
 www.keatingdentalarts.com

Doctor's Account # CAMP Phone # ( )  
**DR. JONATHAN CAMPBELL**

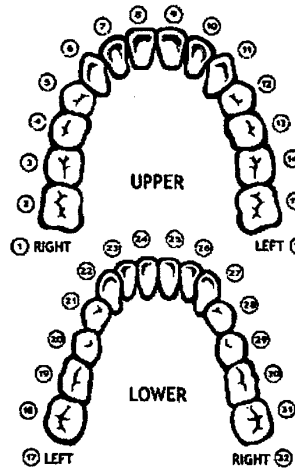
Dr. REDACTED  
 Patient REDACTED LAST REDACTED FIRST REDACTED

Toll Free: (800)433-9833 Date Due In Office 10/25/11

PLEASE SEND THE FOLLOWING	
<input type="checkbox"/> RX forms	<input type="checkbox"/> Mailing Labels
<input type="checkbox"/> Boxes	
SPECIAL ENCLOSURES LAB USE ONLY	
<input type="checkbox"/> Photo (s)	<input type="checkbox"/> Analog
<input type="checkbox"/> Models	<input type="checkbox"/> Implant Parts
<input type="checkbox"/> Shade Tab	<input type="checkbox"/> Impression
<input type="checkbox"/> Bite	<input type="checkbox"/> Other

**RX** SPECIFIC INSTRUCTIONS  
 \*STANDARD UNLESS SPECIFIED.

Please fabricate Bruxzr  
 crown # 31  
 shade C2 with low value stain  
 on incisal 1/3 and C3 at gingiva  
 Thx!



Signature: \_\_\_\_\_ D.D.S. License #: \_\_\_\_\_

TERMS: Customer agrees to company policy as stated on reverse.

Age: _____ Sex: _____ <input type="checkbox"/> Dr. to Die Trim <input type="checkbox"/> Metal Try-In <input type="checkbox"/> Finish to Porcelain Please indicate the distribution of hues and the types of characterizations desired: <b>SHADE INSTRUCTIONS</b> Vita-Lumin: <u>See notes</u> Vita-3D: _____ Chromoscopy: _____ Stump Shade: _____ Norilake: _____ Other: _____ 	<b>BUCCAL COLLAR DESIGN</b> <input type="checkbox"/> Hairline or _____ mm on Buccal <input type="checkbox"/> Porcelain Junction Margin* <input type="checkbox"/> Porcelain Butt Margin (90 shoulder req.)	<b>ANTERIOR DESIGN</b> 	<b>OCCLUSAL STAINING</b> <input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> Light* <input type="checkbox"/> Dark	<b>IF NO OCCLUSAL CLEARANCE</b> <input type="checkbox"/> Metal Occlusion <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Spot Opposing <input type="checkbox"/> Make Permanent Note
	<b>METAL DESIGN</b> <input type="checkbox"/> All Porcelain coverage <input type="checkbox"/> Metal Coping with Porcelain coverage* <input type="checkbox"/> Metal Occlusal excluding Buccal CUSP <input type="checkbox"/> Metal Occlusal including Buccal CUSP	<b>PONTIC DESIGN</b> <input type="checkbox"/> Sanitary <input type="checkbox"/> Full Ridge Lap <input type="checkbox"/> Modified Ridge Lap* <input type="checkbox"/> Bullet <input type="checkbox"/> Oval	<b>CAD/CAM</b> <input type="checkbox"/> KDZ Zirconia LAB TIME: 5 DAYS <input type="checkbox"/> Procera Zirkon LAB TIME: 5 DAYS	<b>COMPOSITES</b> <input type="checkbox"/> Gradia LAB TIME: 4 DAYS
		<b>PFM</b> <input type="checkbox"/> Fused to Non-Precious* <input type="checkbox"/> Fused to Semi-Precious <input type="checkbox"/> Fused to White High Noble <input type="checkbox"/> Fused to Yellow High Noble <input type="checkbox"/> Fused to Captek LAB TIME: 5 DAYS	<b>ALL-CERAM</b> <input type="checkbox"/> KDA Foil Veneer Stacked Feldspathic <input type="checkbox"/> IPS e.max* <input type="checkbox"/> IPS Empress* Esthetic LAB TIME: 5 DAYS	
		<b>IMPLANTS</b> <input type="checkbox"/> Porcelain fused to Semi-Precious* <input type="checkbox"/> Porcelain fused to White High Noble <input type="checkbox"/> Porcelain fused to Yellow High Noble <input type="checkbox"/> Porcelain fused to Captek <input type="checkbox"/> Procera All-Ceramic <input type="checkbox"/> KDZ Zirconia <input type="checkbox"/> Procera Custom Abutment: <input type="checkbox"/> Titanium <input type="checkbox"/> Ceramic <input type="checkbox"/> Atlantis Custom Abutment: <input type="checkbox"/> Titanium* <input type="checkbox"/> Ceramic <input type="checkbox"/> 3i Encode LAB TIME: 9 DAYS	<b>THERMOFORMED</b> <input type="checkbox"/> Soft Nightguard <input type="checkbox"/> Bleaching Tray (Foam liner or reservoir) <input type="checkbox"/> Hard Night Guard (Thermofom) <input type="checkbox"/> Hard Night Guard (Hand waxed) <input type="checkbox"/> Ultra Guard (Soft & hard for extra comfort) <input type="checkbox"/> Clearsplint (Flexible) <input type="checkbox"/> Pro-Guard LAB TIME: 4 DAYS	
		<b>FULL CAST</b> <input type="checkbox"/> High Noble 82*-Type III <input type="checkbox"/> Gold inlay/onlay--Type II (JRV) <input type="checkbox"/> Yellow Semi-Precious <input type="checkbox"/> Other Please Specify LAB TIME: 4 DAYS	<b>KDA-TEMPS</b> Abutments #s _____ Pontics #s _____ <input type="checkbox"/> Wire* <input type="checkbox"/> Cast Metal Frame <input type="checkbox"/> Splinted <input type="checkbox"/> Individual LAB TIME: 4 DAYS	
		<b>REMOVABLES</b> <input type="checkbox"/> KDA Denture <input type="checkbox"/> Reline <input type="checkbox"/> KDA Premium Denture <input type="checkbox"/> Custom Impression Tray <input type="checkbox"/> KDA Ultra Premium Denture <input type="checkbox"/> Acrylic Stayplate <input type="checkbox"/> Cast Chrome Frame <input type="checkbox"/> Valpast* Partial Denture Complete <input type="checkbox"/> Setup Teeth In Wax <input type="checkbox"/> TCS* Partial Denture Complete <input type="checkbox"/> Partial Framework to Finish <input type="checkbox"/> Delineator™		

KDA-001933